

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SUMMARY OF FINDINGS:

A REVIEW OF PSYCHOTROPIC MEDICATION USAGE IN LICENSED GROUP HOMES AND SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS

2018



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EXECUTIVE SUMMARY

Senate Bill (SB) 484 (Beall, Chapter 540, Statutes of 2015) requires the California Department of Social Services (CDSS or the Department) to inspect licensed Group Homes (GHs) and Short-Term Residential Therapeutic Programs (STRTPs) at least once per year if the facility is determined to have a psychotropic medication utilization rate warranting additional review. This determination is based on a methodology developed by CDSS, the Department of Health Care Services (DHCS), and stakeholders.

Senate Bill 484 requires the Department to publish a statewide summary of the information gathered during these inspections, pursuant to Health and Safety Code (HSC) section 1536(f), and to review and evaluate the use of psychotropic medications among youth in GHs and STRTPs. The summary shall include only de-identified and aggregate information that does not violate the confidentiality of a child's identity and records. The data collected will be used to better inform the oversight and monitoring of psychotropic medication usage for children placed in GHs and STRTPs. These annual inspections are now commonly referred to as the "SB 484 inspections."

This document is the statewide summary of information gathered during 2018 inspections of identified facilities and is the Department's second annual summary report. For details about the background and history of this project, or to view the Department's first annual summary report, visit CDSS' Quality Improvement Project page or click on the link below.

[CDSS' Quality Improvement Project Page](http://www.cdss.ca.gov/inforesources/Foster-Care/Quality-Improvement-Project)

<http://www.cdss.ca.gov/inforesources/Foster-Care/Quality-Improvement-Project>

DESIGN AND IMPLEMENTATION

1. The Department identified 219 facilities for the 2018 inspections, representing GHs and STRTPs within the 90th percentile of psychotropic medication utilization. This list also included any facility with a child age five or younger with a paid claim for psychotropic medication, or a child prescribed two or more concurrent antipsychotic medications for 60 days or more, regardless of a facility's psychotropic medication use rate. Due to some of the facilities being closed and no longer operating, Licensing Program Analysts (LPAs) physically inspected 162 of the 219 identified facilities. **See page 5 to review the adopted methodology for the 2018 inspections.**
2. The CDSS selected a cohort of 15 LPAs to conduct the inspections, many of whom participated in inspections in previous years.
3. The LPAs received pertinent training related to psychotropic medication, as well as training on inspection requirements based on current law. The CDSS conducted statewide inspections of the facilities from January 2018 to April 2018.
4. The geographical area for the inspections included the five licensing regions for the Department's Children's Residential Program: Sacramento, San Jose, Riverside, Monterey Park, and El Segundo, as well as Certified Out-of-State GHs.
5. The inspections consisted of in-depth interviews with children about their medication, interviews with staff members regarding their knowledge about the psychotropic medication policies and procedures at their facility, and a review of child and staff files. **See Appendices B through E to view the file review checklists and interview guides used on inspections.**
6. When the inspections concluded, LPAs reported their observations and findings, and the data was analyzed and summarized in this report.

METHODOLOGY

In consultation with DHCS and stakeholders, the Department established a methodology to identify GH facilities with levels of psychotropic drug utilization that warranted additional review.¹ The methodology adopted by CDSS identified GH and STRTP facilities with high *medication use rates* within a specified 24-month reporting period. The Department conducted inspections in facilities across California and select out-of-state certified GH facilities that met the following criteria:

- Facilities in the 90th percentile for the number of children on psychotropic medication;
- Any facility with a child five years of age or younger taking at least one psychotropic medication;
- Any facility with at least one child on two or more concurrent antipsychotic medications for at least 60 days while placed in a GH facility; and,
- Any facility with at least one child on three or more concurrent psychotropic medications for at least 60 days while placed in a GH facility.

Data Source: CWS/CMS 2017 Q1 matched to MIS/DSS as of June 2017

***Medication Use Rate* is calculated as:**

Numerator: Facilities with at least one child that received at least one paid claim for psychotropic medication between April 1, 2015, through March 31, 2017.

Denominator: Facilities with at least one child placed at any time between April 1, 2015, through March 31, 2017.

Data Exclusions:

- Facilities with a medication use rate that placed them in the 90th percentile with fewer than six placements in the 24-month period²;
- Placements lasting fewer than 30 days³;
- Children who entered and exited a placement at a facility on the same day; and,
- Children over 17 years old at the time of the paid claim (numerator), or at the placement start date (denominator).

¹ HSC section 1538.9(a)(1)(A)

² Facilities in the 90th percentile with fewer than six placements in the 24-month period were excluded because a facility with any less than 6 placements in 2 years is not typical. Including these facilities would create outliers and would likely skew the data for that specific group home, and potentially unfairly target them.

³ Children with a short length of stay were excluded to ensure reliability of the data. Placement stability increases the likelihood of producing reliable data for a facility.

RESULTS

The HSC section 1538.9 requires the Department to inspect GHs and STRTPs for a variety of factors, including: the facility's staffing ratios, staff qualifications and training, Plan of Operation, policies, procedures, practices, implementation of children's needs and services plan, availability of psychosocial services or other medication alternatives to the use of psychotropic medications, and any other contributing factors that the Department deemed necessary.⁴ This section summarizes the findings collected from 162 facilities selected for inspection across the Department's five licensing regions and Certified Out-of-State GH facilities.

The interview responses presented in this report should be interpreted with the understanding that the analyses are limited to observations of the LPA and perspectives of the children and staff being interviewed, both being subject to their own experiences and interpretations.

Children Interviewed: The children's interviews were crucial in illustrating their perspective of the treatment they were receiving in the GHs and STRTPs. The LPAs interviewed a total of 690 children who were prescribed psychotropic medication. Of those children, 134 were either unwilling or unable to complete the entire interview. The remaining 556 children that completed interviews provided sufficient representation of the data collected. This report is based on the 556 completed child interviews. The methodology did not include children that were over 17 years old at the time of their paid claim, or the start date of a child's placement. The children's' ages at the time of the inspections ranged from six to 20 years of age, while the majority of children interviewed were between 14 to 17 years old.

Reported Side Effects of Medication: During the interviews children were asked a variety of questions about their psychotropic medication to determine how much knowledge they had about their medication and treatment. Children most frequently reported taking Aripiprazole (42%, n=217) or Clonidine (41%, n=212). Other interview questions inquired about the types of side effects the children reported experiencing from their medication during their interviews. Approximately 27% (n=141) of children reported they had experienced side effects from their medication. Of those 141 children, the most commonly reported side effects were:

- Weight gain (13.38%)
- Fatigue (12.68%)
- Headache (12.68%)
- Dizziness (12.68%)
- Gastrointestinal problems (8.45%)

⁴ HSC section 1538.9. (a)(3)(F)

Reported Diagnoses: Approximately 73% (n=419) of children reported that they knew their diagnosis(es). Of the 419 children who felt they knew their diagnosis(es); the most frequently reported diagnoses were:

- Depression (22.16%)
- ADHD (19.08%)
- Sleeping problems (14%)

Other diagnoses or target symptoms the children reported they were taking medication for included conduct disorder, behavior stabilization, oppositional defiant disorder, self-harm, anorexia, bed-wetting, and night terrors.

STAFFING RATIOS

Between the hours of 7 a.m. to 10 p.m., which is Community Care Licensing's designated "day shift,"³ the most common staff-to-child ratios were 1:3 (55% of facilities), 1:2 (21.60% of facilities), and 1:4 (7.41% of facilities).

Between the hours of 10 p.m. to 7 a.m., which is Community Care Licensing's designated "night shift,"⁴ the most common staff-to-child ratios were 1:6 (72.22% of facilities), 1:3 (12.35% of facilities), and 1:2 (3.71% of facilities).

STAFF QUALIFICATIONS AND TRAINING

Staff Interviewed: The LPAs interviewed a total of 506 staff members from varying staffing levels to determine if they could demonstrate knowledge of the psychotropic medication practices and policies for their facility, and also to gain an understanding of each facility's personnel structure for monitoring, managing, and assisting with self-administration of the children's medications in each facility.

It became apparent during the inspections that many facilities used several different staff members to oversee specific functions pertaining to managing the children's medications such as: a records clerk to ensure compliance with court approval documents for psychotropic medication; several nurses, clinical supervisor, or a facility manager to assist with administering medication and verifying on the Medication Administration Record (MAR); and various other staff members for related tasks. It is appropriate to be mindful of these distinctions as staff responses are presented in this section.

Both staff members and children appeared to struggle with psychotropic medication refusal. The most notable themes being the staff members' ability to respond appropriately to a refusal, as well as how the child initiated the refusal. Staff members' perspectives about why children refuse their psychotropic medication proved to be an area warranting further examination.

³ 22 CCR section 84065.5

⁴ 22 CCR section 84065.7

Staff responses indicated that the majority of staff (55%) perceive a child's reasoning for refusing to take their medication to be of a behaviorally oppositional nature such as defiance, moodiness, control, being mad at or trying to get a reaction out of a particular staff member, or attention-seeking. Approximately 27% of staff members believed the children refused their psychotropic medication due to legitimate concerns such as the medication made them sleepy at school, a belief that their medication was not improving their symptoms, the pill was too big, or they didn't like the taste of the pill. Other explanations staff members described ranged from the child's cultural beliefs and stigmas, such as peer or family influence regarding all psychotropic medication, to drug problems or being uninformed about their medication and treatment.

Correlations Related to Refusals: The Department explored various aspects of potential correlations between a staff member's training and qualifications and how they handled a child's refusal. The following tables reflect detailed information about correlations between levels of staff training and staff responses to a child's medication refusal.

Of the 506 staff members interviewed, 399 reported they had witnessed a child refuse their medication during their course of employment at the facility. Of those staff, 350 reported the number of psychotropic medication trainings they remembered having at the facility. There was a weak *negative* correlation between staff members giving the child time to rethink a refusal and two trainings (-0.148 , $p < 0.01$), and a weak *positive* correlation between that and three or more trainings (0.130 , $p < 0.05$). No other significant relationships between staff training and responses to medication refusals were found.

Table 1 reflects correlations between types of training that staff members received, according to their personnel files, and what staff members reported during their interviews as being their response to a child refusing to take their psychotropic medication. The purpose of exploring these variables was to assess whether the method of training such as hands-on training vs. reviewing training policy literature had any impact on how appropriately a staff member would respond in the moment when a child refused to take their medication. As shown in the table below, some of the correlations were significant; however, due to the low correlations a strong relationship between type of training received and the indicated response could not be concluded.

Table 1

Type of Training	Asked Why Child is Refusing	Gave Child Time to Rethink Decision	Advised Child to Contact Their Doctor	Told Child Probation Officer Would Be Informed *
Self-review of material	n.s.("not significant")	n.s.	0.136**	0.122*
Online	n.s.	n.s.	0.150*	n.s.
One-on-one (mentor/coach)	0.102*	n.s.	n.s.	n.s.
Onsite group	n.s.	n.s.	n.s.	n.s.
Offsite class	n.s.	0.123*	0.114*	0.108*
Video	n.s.	n.s.	n.s.	n.s.

* p<0.05 ** p<0.01

Current CDSS Training Standards: The Department's minimum Title 22 California Code of Regulations (CCR) requirement for training at a GH is an initial 24-hour training for newly hired staff that includes a maximum of four hours of the training to be completed by job shadowing that incorporates the following training topics: medication procedures, assistance with medication, universal precautions, recognition of early signs of illness, the need for professional assistance, and other health related issues.⁵ Additionally, the Department requires all staff to complete a minimum of 16 hours of annual training. Annual training includes the following training topics: neglect and abuse issues, attachment issues, behavior problems and psychological disorders, and mental health/behavioral interventions.

Table 2 reflects correlations between specific training topics staff members received related to psychotropic medication and their reported response to a child refusing to take their psychotropic medication. To assess which specific topics had the most impact on how appropriately a staff member would respond in the moment when a child refused to take their medication, the Department explored these variables. As shown below, there were 14 possible options for training topics for the LPAs to look for record of in each staff member's personnel file. These correlations were similar to previous results; weak but mildly significant between staff training topics and a staff member's response. The responses that did have a highly significant correlation were "self-administration" with "helping the child to seek guidance from a health care professional," as well as the training topic of "risks and benefits" with "asked why the child is refusing," albeit still weak.

⁵ 22 CCR 84065 (i)(1)(C)

Table 2

Training Topics	Asked Why Child is Refusing (n=315)	Gave Child Time to Rethink Decision (n=342)	Staff Contacted Health Care Professional (n=152)
"Uses"	0.161**	0.135**	n.s.
"Risks and Benefits"	0.184***	0.127*	n.s.
"Refusal"	0.015**	0.114*	n.s.
"Therapeutic or Mental Health Treatments"	0.111*	0.160**	n.s.
"Follow-Up Visits with Prescriber"	0.106*	n.s.	0.148**
"Side Effects"	n.s.	0.122*	n.s.
"Disposal"	n.s.	0.104*	n.s.
"Documentation"	n.s.	0.108*	n.s.
"Trauma"	n.s.	n.s.	0.150**
"Self-Administration"	n.s.	n.s.	0.207***
"Access to These Treatments"	n.s.	n.s.	0.122*
"Metabolic Screening and Monitoring"	n.s.	n.s.	0.103*
"Authorization"	n.s.	0.118*	n.s.

* p<0.05 ** p<0.01 ***p<0.001

PLAN OF OPERATIONS, POLICIES, AND PROCEDURES

The LPAs reviewed staff files and facility Plans of Operation and found the following information:

- 77.67% of the Plans of Operation reflected written medication policies and procedures for monitoring a child's psychotropic medications.
- 81.62% of the Plans of Operation reflected written medication policies and procedures for handling and assisting a child with self-administered medications.
- 92.6% of the child files reviewed contained psychotropic medication authorizations that were in compliance.
- In terms of staff medication errors, the medications listed on the children's psychotropic MARs matched the medications on the court orders/parental consents in 91.91% of the 511 child files reviewed. These MARs also contained the documentation required by HSC section 1507.6 in 77.34% of files.
- Approximately 44% of staff members interviewed reported either they, or all staff that had received medication training, were responsible for filling out the MARs at their facility.
- Over 38% of staff reported that a superior such as a supervisor, administrator, or facility manager was responsible for filling out the MARs at their facility. Multiple answer choices were accepted for this question.

- Roughly 49% of staff members interviewed reported the MARs were checked for accuracy and completeness by themselves or a peer.
- Nearly 62% of staff reported the MARs were checked by a superior such as a supervisor, administrator, or facility manager. Multiple answer choices were accepted for this question.

IMPLEMENTATION OF CHILDREN'S NEEDS AND SERVICES PLAN

The LPAs found the following information regarding Needs and Services Plans (NSP) during their review of the children's files:

- In 79.32% of the child files, an NSP signed by the child was present.
- In 85.79% of the child files, documentation indicating that the child is involved in activities related to the treatment plan and NSP was present.
- In 68.53% of the child files, documentation indicating that the child is involved in Child and Family Team meetings was present.

AVAILABILITY OF PSYCHOSOCIAL SERVICES OR OTHER TREATMENT ALTERNATIVES

The HSC section 1538.9 required the Department to examine the availability of psychosocial services and other alternatives to the use of psychotropic medications used at each facility. The LPAs reported that 90.83% (n=505) of the 556 children interviewed stated that they were receiving counseling, therapy, or other kinds of psychosocial services. The services listed in Table 3 do not represent the Healthcare Effectiveness Data and Information Set (HEDIS) measures as defined in HSC section 1538.8, or limited to those paid for by Medi-Cal. Instead, the services listed below are a collection of the responses that children provided when asked about what kind of counseling, therapy, or other kinds of therapeutic services they were currently receiving, with individual therapy being the most commonly reported service reflected in Table 3.

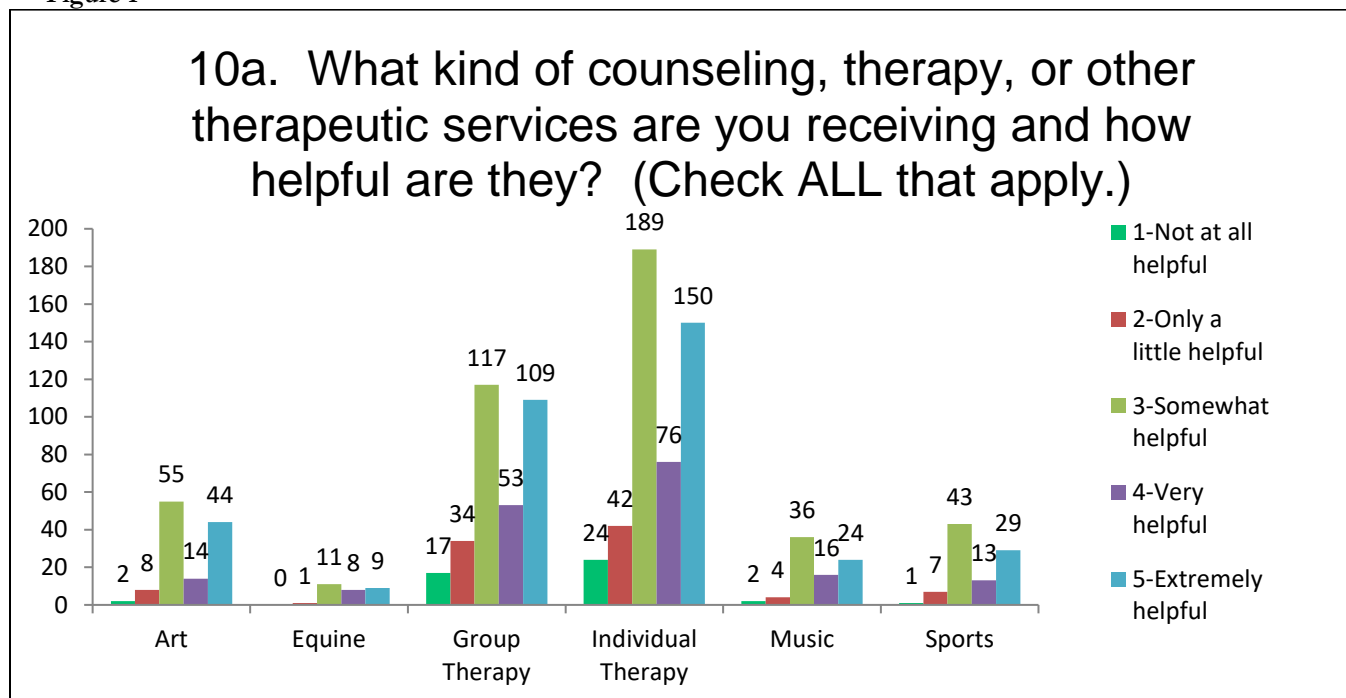
Table 3

Psychosocial Services	Number of children receiving this service	Percentage of children receiving this service
Group therapy	330	66%
Individual therapy	481	95%
Art therapy	123	24%
Music therapy	83	16%
Equine therapy	29	.06%
Sports therapy	93	18%
Other therapy including anger management, drama therapy, drug & alcohol, and family therapy, etc.	38	.08%

Note: Respondents were instructed to select as many as applied

Figure 1 reflects the results of the children's feelings about how helpful they found the services provided in the table above.

Figure 1



OTHER FACTORS EXAMINED

In addition to factors specified in statute, HSC section 1538.9 allowed the department to review other factors determined to contribute to a facility's level of psychotropic medication utilization. The following are other factors the Department examined:

- **Medication Refusal Trends**

As the information on [Page 8](#) of this report notes, there are several possible explanations for what may influence a child's refusal of their psychotropic medication, which include: whether they felt their therapy or other treatment was helping them, specific side effects that they reported experiencing, and how informed they were about their prescription(s) and treatment. Measures used to test influences on a child's likelihood to refuse their medication included: the child's level of knowledge about their mental health rights, child's knowledge of their medication name(s), the child's level of knowledge about their diagnosis(es), and documentation from the child's file such as records reflecting that they participated in their Child and Family Team meetings.

After analysis, all but two of these factors were determined to not have any significant correlation with the likelihood of a child refusing their psychotropic medication. The first factor or variable indicated a significant correlation (0.112,

$p < 0.01$) between likelihood of medication refusal and belief that the medication does not improve their target symptoms. Similarly, the second variable indicated a significant correlation (0.122, $p < 0.01$) between the likelihood of the child's refusal and their belief that the medication was not helping them overall such as helping them in school, in life, with family problems, and any other overall treatment goals. This trend highlights a possible disconnect between child's reason for choosing to not take their medication and staff members' perceptions of a refusal as seen on [page 8](#) and how staff respond to that child's refusal.

- **Correlations Between Multiple Years of Inspection**

A facility's appearance on lists for both inspection years, 2017 and 2018, was examined. The analysis of these lists reflected that 107 facilities from 2018 appeared on the 2017 list as well, and that 18 of those GHs have since converted to STRTPs. Many of these facilities serve a variety of populations with specific needs which may require higher levels of services. This will continue to remain a component of the Department's review and monitoring.

- **Frequent Law Enforcement Contacts and Psychotropic Medication**

A facility's appearance on both the SB 484 list and the [Assembly Bill \(AB\) 388 \(Chesbro, Chapter 760, Statutes of 2014\)](#)⁶ list was examined. Similar to the inspection requirements for psychotropic medication usage, AB 388 requires the Department to inspect licensed facilities and publish a report that compiled data related to frequency of law enforcement contact and incidences of children being sent to Juvenile Hall as a result of the law enforcement contacts. Among the information included in the AB 388 report⁷ were measures such as the top 10 facilities with the most Juvenile Hall outcomes, types of law enforcement contact leading to Juvenile Hall, and de-escalation use. The Department analyzed the AB 388 report to determine whether there was any overlap of facilities appearing on these lists. Results from the analysis of the lists indicated that 125 of the facilities inspected in 2018 appeared on both the AB 388 and SB 484 lists for 2016-2017. Accordingly, many of these facilities serve a variety of populations with specific needs which may require higher levels of services. This will continue to remain a component of the Department's review and monitoring.

- **Multiple Corrective Action**

The Department also conducted an analysis to identify whether providers improved their practice since the Department's last inspection by examining whether any facilities received advisory notes and/or citations in both 2017 and 2018. There were 3 facilities that received advisory notes both years of inspection.

⁶ AB 388 http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB388

⁷ AB 388 Report <https://secure.dss.ca.gov/CareFacilitySearch/DownloadABLE>

INSPECTION FOLLOW-UP

The LPAs assess the various levels of a violation, either Type A, Type B, or Type C, to determine whether to cite the facility, provide verbal or written consultation, or initiate no action at all. An LPA may choose to correct a Type C violation by issuing an Advisory Note, which is a Department form that is provided to the facility to assist them in improving the maintenance and operation of the facility. The intent of issuing an Advisory Note is to avoid issuing citations for violations that are technical in nature and do not present an immediate or potential health, safety, or personal rights risk to those in care⁸. If an LPA chooses to cite a violation, the citation will be accompanied by a Plan of Correction that is also issued to the licensee.⁹ The Plan of Correction allows the licensee to communicate to the licensing agency their intentions of bringing the facility into compliance. LPAs issued 36 citations during this year's SB 484 inspections and all of them have been cleared by the licensees.

The most commonly cited issues this year were:

- Documentation issues related to the Medication Administrations Record (MAR) such as:
 - No separate logs for each medication (as required by HSC section 1507.6)
 - Pill counts inaccurately documented on the MAR
 - MARs were missing information, such as date of the prescription or number of refills prescribed (as required by HSC section 1507.6)
 - Medication on the JV-220 did not match what was listed on the MAR
- Issues related to the child's NSP such as:
 - The NSP being implemented without prior written approval from the child and their authorized representative
 - No NSP present in the child's file
 - The NSP in child's file was outdated
 - The NSP in child's file was not signed by the social worker or licensee
- Issues related to medication authorizations such as:
 - Parental consent authorizing the child to take psychotropic medication not present in the child's file
 - Medication on the JV-220 did not match what was listed on the MAR
 - Lack of required JV-220, JV-223, or both as required, authorizing the child to take psychotropic medication not present in the child's file

⁸ CDSS Evaluator Manual 3-4400 Verbal/Written Consultation (Advisory Notes)

⁹ CDSS Evaluator Manual 3-3400 Plan of Correction

SUMMARY AND RECOMMENDATIONS

The annual SB 484 inspections inform the Department by highlighting the need to strengthen best practice models and training for licensees regarding psychotropic medications.

The staff interviews reflected vast areas of potential process improvements for providers and how their staff responds to medication refusals. Child interviews also revealed minor notes of distrust between the child and their beliefs about their doctor's willingness to make modifications to their prescriptions at their request.

The child file reviews reflected several areas of inquiry regarding the type of MAR documentation training that facility staff receive. The number of documentation errors, as noted in the results section of this report, are an area of concern the Department would like to see improve, as this is the third year that the requirements of HSC section 1507.6 have been in effect.

Findings from this year's interviews revealed several notable themes, one in particular being a possible disconnect between children choosing to not take their medication and staff members' perceptions of a refusal and how they respond to that child's refusal, as evidenced by correlational data. Awareness of this disconnect may be pivotal in reframing the type of training that staff members receive regarding medication refusals. The Department offers the following recommendations to improve interactions between children and staff during future instances of refusal:

1. Identify common psychotropic medication refusal triggers that occur within the facility and develop strategies for how staff can intervene appropriately to ensure safe and appropriate use of the medications and alleviate opportunities for future refusals.
2. Require detailed medication administration protocols in a facility's program statement that will ensure medication administration is not rushed so that there is time for a child's refusal to be addressed appropriately when it occurs.
3. Ensure that the child is confident in the process of working with their prescribing doctor to safely stop taking psychotropic medications or to make modifications to their prescriptions, as well as know that staff members will make it a priority to follow through with their physician immediately regarding these issues when they occur.

FUTURE AREAS OF FOCUS AND IMPROVEMENT FOR INSPECTIONS

As technology improves with each year, the Department's capabilities and vision for SB 484 inspections expand. Facilities are increasingly migrating towards electronic record-keeping for children, yet electronic record-keeping software must comply with HSC section 1507.6. This statutory requirement poses potential challenges for facilities that may be limited to standard programming layouts or facilities that are not capable of altering their software programs. This will be an issue to remain aware of in future inspections.

Reviewing the facilities' staff to child ratios as required by HSC section 1538.9, has not yielded any significant results in this year or in the previous year of inspections. It may be more beneficial to further explore this area by including follow up questions about the facility's capacity as it relates to staff to child ratios, to achieve a more meaningful use of this data in the future.

Regarding methodology for inspection, the Department is now able to do a quarterly check of current data to determine the facilities for inspection, eliminating significant data lags. In future inspections, the Department proposes to expand the scope of the inspections to explore the following topics:

- Facility protocols regarding medication refusals and correlations between staff member responses to a child's medication refusal and the levels of staff training received
- Quality of training that facility staff receive
- Staff members' perceptions about why children refuse their psychotropic medication and children's reasons for why they refuse
- Staff members' understanding of children's mental health rights
- Children's ability to work with their doctors to safely stop taking or adjust their medication or dosage when experiencing side effects or problems with their existing prescription
- Licensees' commitment to informing children of their medication rights about their treatment upon intake, as indicated in their Mental Health Bill of Rights, and continuously thereafter
- Care and coordination among Regional Centers and their foster youth, licensees, and the Department
- Cross-referencing child interview responses with quantifiable data to validate accuracy of a child's knowledge about things such as:
 - Their diagnosis and treatment plan, as evidenced by the diagnosis(es) listed in their file
 - The children's reported side effects, as evidenced by documentation recorded in their file's M.A.R.
 - What kind of psychosocial interventions that they are receiving, as evidenced by documentation in their file

- Which psychotropic medication they are taking and its target symptoms, as evidenced by the child's court order or parental authorization form in their file and M.A.R.
- Cross-referencing staff interview responses with quantifiable data to validate accuracy and a staff member's knowledge about policies and procedures regarding psychotropic medication

Continuum of Care Reform (CCR): As these inspections continue to occur annually, The Community Care Licensing Division anticipates seeing increased training and improved levels of care among facilities operating under CCR's Interim Licensing Standards for STRTPs. The CCR provides the legislative and policy framework to ensure that services and supports provided to the child and/or the child's family are tailored toward the goal of maintaining a stable, permanent placement. The STRTPs are required to meet higher standards of care, be accredited, and be able to deliver or arrange for a set of core services that include mental health services.

Family First Prevention Services Act (FFPSA): The FFPSA was signed into law as part of the Bipartisan Budget Act on February 9, 2018¹⁰ and reforms the federal child welfare financing streams, Title IV-E, and Title IV-B of the Social Security Act. This federal law, similar to the CCR efforts, attempts to reduce the utilization of congregate care and emphasize home-based placements. Sections 50741 and 50742 of this bill are effective October 1, 2019, and include several provisions for qualifying residential treatment programs such as STRTPs, including a requirement for facilities to employ a nurse that would be available 24 hours a day and seven days a week. CDSS expects that in the approaching years nurses will use their medical scope and nursing standards to oversee and manage the children's medications. Many process improvements that are being envisioned will be built into this model as these federal mandates are implemented over the next two years.

The SB 484 inspections have been an integral component to ensuring safe, appropriate, and judicious use of psychotropic medication among children in out-of-home care. The Department looks forward to continued opportunities for improved oversight and monitoring of psychotropic medication usage in its licensed GHs and STRTPs in the coming years.

¹⁰ 42 USC 622: State plans for child welfare services

APPENDIX A: REGULATIONS AND STATUTE

This Appendix provides specific regulations and statutes that apply to medication. To view the most current version of all of the regulations that govern GH facilities, please visit our website at: [Children's Residential Laws and Regulations](#). For statutory references, please use the following link: [California Legislative Information](#).

Health and Safety Code

- 1507.25(e) This section does not supersede the requirements of Section 369.5 of the Welfare and Institutions (W&I) Code, with respect to the administration of psychotropic medication to a dependent child of the court.
- 1507.6(b)(1) Psychotropic medications shall be used only in accordance with the written directions of the physician prescribing the medication and as authorized by the juvenile court pursuant to Section 369.5 or 739.5 of the W&I Code.
- 1507.6(b)(2) The facility shall maintain in a child's records all of the following information:
 - 1507.6(b)(2)(A) A copy of any court order authorizing the psychotropic medication for the child.
 - 1507.6(b)(2)(B) A separate log for each psychotropic medication prescribed for the child, showing all of the following:
 - 1507.6(b)(2)(i) The name of the medication.
 - 1507.6(b)(2)(ii) The date of the prescription.
 - 1507.6(b)(2)(iii) The quantity of medication and number of refills initially prescribed.
 - 1507.6(b)(2)(iv) When applicable, any additional refills prescribed.
 - 1507.6(b)(2)(v) The required dosage and directions for use as specified in writing by the physician prescribing the medication, including any changes directed by the physician.
 - 1507.6(b)(2)(vi) The date and time of each dose taken by the child.
- 1522.41(c)(2)(F) Understanding the requirements and best practices regarding psychotropic medications including, but not limited to, court authorization, uses, benefits, side effects, interactions, assistance with self-administration, misuse, documentation, storage, and metabolic monitoring of children prescribed psychotropic medications.
- 1536(f) At least annually, the Department shall post on its Internet Web site a statewide summary of the information gathered pursuant to Sections 1538.8 and 1538.9. The summary shall include only de-identified and aggregate information that does not violate the confidentiality of a child's identity and records.
- 1538.9(a)(1)(A) The Department shall consult with the DHCS and stakeholders to establish a methodology for identifying those GHs providing care under the AFDC-FC program pursuant to Sections 11460 and 11462 of the W&I Code that have levels of psychotropic drug utilization warranting additional review. The methodology shall be adopted on or before July 1, 2016.

- 1538.9(a)(2) If the Department, applying the methodology described in paragraph (1), determines that a facility appears to have levels of psychotropic drug utilization warranting additional review, it shall inspect the facility at least once a year.
- 1538.9(a)(3) The inspection of the facility shall include, but not be limited to, a review of the following:
 - 1538.9(a)(3)(A) Plan of operation, policies, procedures, and practices.
 - 1538.9(a)(3)(B) Child-to-staff ratios.
 - 1538.9(a)(3)(C) Staff qualifications and training.
 - 1538.9(a)(3)(D) Implementation of children's NSP.
 - 1538.9(a)(3)(E) Availability of psychosocial and other alternative treatments to the use of psychotropic medications.
 - 1538.9(a)(3)(F) Other factors that the Department determines contribute to levels of psychotropic drug utilization that warrant additional review.
 - 1538.9(a)(3)(G) Confidential interviews of children residing in the facility at the time of the inspection.
 - 1538.9(a)(4) The inspection of the facility may include, but is not limited to, the following:
 - 1538.9(a)(4)(A) Confidential interviews of children who resided in the facility within the last six months.
 - 1538.9(a)(4)(B) Confidential discussions with physicians identified as prescribing the medications.

Welfare and Institutions Code

- 369.5(a)(1) If a child is adjudged a dependent child of the court under Section 300 and the child has been removed from the physical custody of the parent under Section 361, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication.
- 739.5.(a)(1) If a minor who has been adjudged a ward of the court under Section 601 or 602 is removed from the physical custody of the parent under Section 726 and placed into foster care, as defined in Section 727.4, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that minor. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the minor and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the minor's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication.

Online Reference

- [Patient-Centered Outcomes Research Institute “Evidence Update.” March 2018](#)
- [Los Angeles County Department of Mental Health Parameters for Medication Use, September 19, 2018](#)

APPENDIX B: SB 484 CHILD FILE REVIEW

Child File Review Checklist

1. Facility name and number:
2. ***(Instructions: Please select “yes” or “no” to indicate that each item was present in the file)***
 - a. Child’s date of placement was present?
Yes
No
 - b. Child’s diagnosis(es) was present?
Yes
No
 - c. Needs & Services Plan signed by the child was present?
Yes
No
 - d. Documentation indicating that the youth is involved in activities related to the treatment plan and needs & services plan was present?
Yes
No
 - e. Documentation indicating that the youth is involved in Child and Family Team meetings was present?
Yes
No
 - f. Court order authorizing the psychotropic medication for the child or parental consent was present?
Yes
No
 - g. Psychotropic medication authorization was in compliance?
(“Out of compliance” means there is no court approval/parental consent in the file, or court approval is outdated. If available, state the reason why court order was out of compliance or parental consent was not present.)
Yes
No
Comments:

- h. The MAR for each psychotropic medication contains the name and date of the prescription, quantity, number of refills prescribed, required dosage, directions for use, and the date and time of each dose was present?

Yes

No

Comments:

- i. Name/address of prescribing psychiatrist was present?

Yes

No

- j. Name of pharmacy was present?

(Note whether or not prescriptions have been filled promptly)

Yes

No

- k. Medication(s) on the MAR match the medication(s) on the court order/parental consent and doctor's prescription?

Yes

No

3. State the number of hospitalizations the child received while at this facility:

4. State the number of restraints the child received while at this facility:

APPENDIX C: SB 484 CHILD INTERVIEW GUIDE

Child Interview

(State purpose of our interview and why we're here)

Rapport Questions

(To be used as a guideline. Please change or tailor to the child as you see fit. The answers to these questions do not need to be recorded.)

I'm going to start by asking a couple questions to get to know you.

- What grade are you in?
- What do you like to do for fun?
- Do you like to play or watch any sports?
- What / Who are some TV shows / musicians that you like?

Background Questions

(Please do not read aloud the answer choices that are provided, unless otherwise stated.)

This next set of questions is about your experience with GHs in general.

5. How old are you?
6. How long have you been in this location?
(Record # months)
7. On a scale from 1 to 5, how do you like it here?
(Read options)
 - 1 – Extremely dissatisfied
 - 2 – Somewhat dissatisfied
 - 3 – Neutral
 - 4 – Somewhat satisfied
 - 5 – Extremely satisfied
8. Have you lived in other GHs?
 - Yes – *proceed to #8a*
 - No – *proceed to #9*

- a. How many other GHs?

Health Related Questions

Now we'd like to ask you some questions about your health and well-being.

9. On a scale from 1 to 5, in general how healthy do you feel?
(Read options aloud)
1 – Very poorly
2 – Not very healthy
3 – OK
4 – Fairly healthy
5 – Very healthy
10. Are you receiving counseling / therapy / other kinds of therapeutic services?
Yes – **proceed to #10a**
No – **proceed to #11**
Doesn't know / doesn't remember
- a. What kind of counseling / therapy / other kinds of therapeutic services are you receiving? On a scale from 1 to 5, how helpful are they?
(Read options aloud, may accept multiple responses)
Art
Drama therapy
Equine
Group therapy
Individual therapy
Music
Sports
Other, please specify:

1 – Not at all helpful
2 – Only a little helpful
3 – Somewhat helpful
4 – Extremely helpful
5 – Not receiving any services
- b. How often are each of these services provided?
(Read options aloud)
Art
Drama therapy
Equine
Group therapy
Individual therapy
Music
Sports
Other, please specify:

Daily
Weekly
Every two weeks
Monthly
4-6 times a year
1-3 times a year
Doesn't know
Other, please specify
Not receiving any services

Medication Related Questions

11. Do you take any psychotropic medication?

Yes - ***proceed to #11a***

No - ***proceed to #18***

a. How many different psychotropic medications do you take?

(Enter the number of psychotropic medications the child is taking. If the child doesn't know—enter the number "99" here.)

b. Psychotropic medication name

(Ask the child to just give you the name of one (1) medication only. If the child chooses to give you any extra information such as information about other medications, please record this in Question 17b.)

c. What are you taking this medication for?

(May accept multiple diagnoses)

d. Has a doctor talked to you about what the medication does or what symptoms it treats?

Yes - ***proceed to #11e***

No - ***proceed to #12***

Doesn't know / doesn't remember

e. What symptoms does the medication treat?

(May accept multiple symptoms)

12. On a scale of 1 through 5, how well do you agree with each of the following statements:

(Read the scale aloud)

a. Medication improves my symptoms

1 – Strongly disagree

2 – Disagree

3 – Neutral

4 – Agree

5 – Strongly agree

- b. Medication helps me concentrate better
 - 1 – Strongly disagree
 - 2 – Disagree
 - 3 – Neutral
 - 4 – Agree
 - 5 – Strongly agree
- c. Medication helps me behave better
 - 1 – Strongly disagree
 - 2 – Disagree
 - 3 – Neutral
 - 4 – Agree
 - 5 – Strongly agree
- d. I get along better with people when on medication
 - 1 – Strongly disagree
 - 2 – Disagree
 - 3 – Neutral
 - 4 – Agree
 - 5 – Strongly agree
- e. My medication gives me bad side effects
 - 1 – Strongly disagree
 - 2 – Disagree
 - 3 – Neutral
 - 4 – Agree
 - 5 – Strongly agree
- f. Good things about medication outweigh the bad
 - 1 – Strongly disagree
 - 2 – Disagree
 - 3 – Neutral
 - 4 – Agree
 - 5 – Strongly agree
- g. I take medication only because of pressure from other people
 - 1 – Strongly disagree
 - 2 – Disagree
 - 3 – Neutral
 - 4 – Agree
 - 5 – Strongly agree
- h. When deciding to give me a new medicine, or changing or stopping a current one, my doctor listens to what I have to say
 - 1 – Strongly disagree
 - 2 – Disagree

- 3 – Neutral
- 4 – Agree
- 5 – Strongly agree

Complications Questions

Now we'd like to explore any issues you may have experienced with your medication.

13. Do you experience any side effects due to your psychotropic medication?
Yes - ***proceed to #13a***
No - ***proceed to #16***
 - a. What kinds of side effects have you experienced due to your medication?
(May accept multiple side effects)
14. Did you tell the doctor about the side effects of your medication?
Yes - ***proceed to #14a***
No - ***proceed to #15***
 - a. What happened when you told the doctor?
(May accept multiple responses)
 - Lowered dosage
 - Changed medication
 - Added medication
 - Was advised that side effects would eventually subside
 - Doesn't know
 - Other, please specify

If no, was there a reason you did not tell your doctor?
15. Have you ever chosen not to take your medication?
Yes - ***proceed to #16a***
No - ***proceed to #17***
 - a. Do you know what your personal rights are?
Yes - ***proceed to #16b***
No - ***proceed to #17***
 - b. What happens if you choose not to take your medication?
(Interviewer may ask the child to give examples of consequences, may accept multiple responses)
 - Denied/violated personal rights
 - Dropped a level at the group home
 - Restricted from activities/outings
 - Staff reminded me why it was important to take it
 - Staff asked me why I did not want to take it
 - Staff said I could wait and take it a little later

Doesn't know
Other, please specify

- c. If your personal rights were denied or violated as a result of you not taking your medication, which ones?
(Ask the child to describe if necessary. May accept multiple responses)
Denied visits with family/friends
Denied phone contact
Items/personal belongings taken away
Threats/humiliation
N/A
Doesn't know
Other, please specify

16. Do you think your medicine helps you overall?

Yes

No

a. Why / why not?

b. (If applicable, write notes here if the child gives information about any other medications prescribed and/or taken.)

Personal Agency Questions

Finally, we'd like to ask a few questions about your own sense of control in the group home.

17. Do you know about the Mental Health Bill of Rights?

Yes - **proceed to #18a**

No - **provide the child with a copy of the Foster Youth Mental Health Bill of Rights brochure and proceed to #19**

a. Were you given a copy of it?

Yes

No

Doesn't know/doesn't remember

b. Have you read it?

Yes

No

Doesn't know/doesn't remember

18. If you were talking to your county social worker / probation officer / judge right now about your medication, what would you say?

19. Do you have any other questions or concerns about your medications or treatment?

20. Is there anything else you would like me to know?

APPENDIX D: SB 484 STAFF FILE REVIEW

Staff File Review Checklist

1. Facility name and number:

Instructions: Review staff files and answer the following questions

2. What are the qualifications for the job title that this employee holds?

3. Has the employee been trained on psychotropic medications?

Yes - ***proceed to #3a***

No - ***proceed to #4***

a. Where did this training occur?

Training was provided in this facility

Training was provided in a previous facility

b. How many times has the employee attended training on psychotropic medications?

Once

Two times

Three or more times

Doesn't know

c. If yes, how long were each of the trainings?

(If trained more than once, choose more than one option)

15-20 minutes

30-50 minutes

One hour

More than one hour

Doesn't know

d. If yes, how was the training conducted?

Self-review of written materials

Online

Mentoring/coaching (one-on-one training)

Onsite as a group

Offsite in class

Video

Doesn't know

Other, please specify

e. Did any of the trainings include the following?

(Choose all that apply)

Uses
Risks and Benefits
Self-Administration
Side effects
Refusal
Disposal
Storage
Documentation
Authorization
Therapeutic or mental health treatments
Access to these treatments
Trauma
Follow-up visits with prescriber
Metabolic screening and monitoring (lab tests)
Other, please specify

- f. How much psychotropic medication training has the employee received?

(Choose all that apply)

Received psychotropic medications training as part of their 40-hour initial training
Received psychotropic medications training as part of their 20-hour annual training
Receives quarterly psychotropic medications training
Receives medications training every 6 months
Other, please explain

4. State the facility's work experience requirement for a staff member to assist with self-administration of medication:

(Check the facility's Plan of Operation)

5. State the facility's staff-to-child ratio:

(Check the facility's Plan of Operation)

Day shift ratio:

Night shift ratio:

6. ***Instructions: Please choose "yes" or "no" for the following:***

- a. Plan of Operation reflects written medication policies and procedures for monitoring a child's psychotropic medications.

Yes

No

- b. Plan of Operation reflects written medication policies and procedures for handling and assisting a child or nonminor Dependent with self-administered medications.

Yes

No

APPENDIX E: SB 484 STAFF INTERVIEW GUIDE

Staff Interview

(State purpose of our interview and why we're here. Please do not read aloud the answer choices that are provided, unless otherwise stated)

Background Questions

This section is for general information about the staff.

7. What is your job title?

Direct care staff
Administrator
Social work personnel
Therapeutic staff
Nurse
Medical Coordinator
Facility Manager
Other, please specify

8. What is your role at this facility?

(May accept multiple responses)

Provides care and supervision
Manages other staff
Provides therapy
Coordinates activities
Maintains documentation
Provides training
Other, please specify

9. Please answer the following questions about your work experience:

(Read answer choices aloud)

a. How long have you worked for this group home?

Less than a year
1-2 years
2-5 years
More than 5 years
N/A

b. *(If this group home has multiple facilities)* How long have you worked in this location?

Less than a year
1-2 years

2-5 years
More than 5 years
N/A

- c. How long have you worked for GHs in general?
- Less than a year
1-2 years
2-5 years
More than 5 years
N/A

Medication Administration

Now we'd like to ask you about how the policies and procedures of the facility with regards to medication self-administration.

10. How are psychotropic medication policies and procedures communicated to the staff? *(May accept multiple responses)*

Manual/binder
Poster
Online
Video
Doesn't know/doesn't remember
Other, please specify:


- a. Have you ever been provided with these policies and procedures?


Yes
No

- b. In practice, how often does everyone follow the policies and procedures?

(Read answer choices aloud)

Never
Rarely
Sometimes
Very Often
Always

 **Go to #10c**

 **Go to #11**

- c. What factors mainly contribute to this?

The policies are outdated
The policies do not reflect the needs of the children
Staff disagree with the policies
Staff choose not to follow the policies

Child specific situations require variation from the policy
Doesn't know/doesn't remember
Other, please specify

11. Who is responsible for completing the Medication Administration Record (MAR)?

(May accept multiple responses)

Supervisor
Nurse
No one
Self
Doesn't know/doesn't remember
Other, please specify

a. Who checks the MAR for accuracy and completeness?

(May accept multiple responses)

Supervisor
Nurse
No one
Self
Doesn't know/doesn't remember
Other, please specify

12. What are your policies and procedures for making sure that a court order for psychotropic medication or parental consent (authorizations) is up-to-date?

(May accept multiple responses)

They are checked when medications are refilled
They are checked on a regular basis
An alert system or reminder system
Doesn't know/doesn't remember
Other, please specify:

a. Who is responsible for that?

(May accept multiple responses)

Supervisor
Nurse
No one
Self
Doesn't know/doesn't remember
Other, please specify

b. How often are the authorizations checked?

Every week
Every 1-2 months
Every 3-4 months

Every 5-6 months
As needed (upon refill)
Doesn't know/doesn't remember

- c. What happens when you can't find one or that one is expired?

(May accept multiple responses)

Facility requests a copy from the county placing agency
Begin the process for obtaining a new JV 220
Nothing; it's the county's job to ensure the facility has updated authorizations
Contact the child's Public Health Nurse
Doesn't know/doesn't remember
Other, please specify

13. How are medications stored?

(May accept multiple responses)

In their original container with labels unaltered
Kept in a safe and locked place
Only employees responsible have access
A child who needs them immediately for an emergency can have their own
Doesn't know/doesn't remember
Other, please specify:

14. What are the Policies and Procedures for destroying unused or expired medications?

(May accept multiple responses)

Medications are taken to authorized facility/pharmacy for destruction
Flushed down the toilet
Thrown in garbage/disposal/sink
Doesn't know/doesn't remember
Other, please specify

- a. How are the medications documented once they have been destroyed?

(May accept multiple responses)

Designated staff and witness must sign the Centrally Stored Medication Record
Records are maintained for at least a year
Reasons for destruction is documented on Centrally Stored Medication Record
Date of destruction is documented on Centrally Stored Medication Record
Medication Name is documented on Centrally Stored Medication Record
Doesn't know/doesn't remember

Other, please specify

15. How are refills processed?

(May accept multiple responses)

Changes to the instructions and/or medication are recorded

Refills are logged on the MAR

Medications are reviewed for accuracy

Doesn't know/doesn't remember

Other, please specify

16. How are medications handled when children leave on authorized home visits?

(May accept multiple responses)

The medication is given to the child's authorized representative in an envelope or container that is labeled with instructions

Prescription container is given to the child's authorized representative

The pharmacy is asked to fill a separate prescription

The existing prescription is separated into two bottles

The medication is documented upon departure and return to the facility

Doesn't know/doesn't remember

Other, please specify

Treatment Planning

We want to understand if the child is an active partner in the treatment planning process as developmentally appropriate.

17. About what proportion of children call or contact their doctor about their medications or mental health?

All children – **Go to #18**

Most children

Few children

None of the children

Doesn't know/doesn't remember – **Go to #18**

 **Go to #17a**

a. Why can't some children contact their doctor?

18. After a child has been prescribed a medication for the first time, who schedules the follow up appointment?

(May accept multiple responses)

Direct care staff

Supervisor

Administrator

Nurse

Social Worker

Doesn't know/doesn't remember

Other, please specify

- a. How soon after a child begins taking the medications is their follow up appointment?

Within a week

1-2 months

Three months

More than 3 months

At the prescribing physician's discretion

Doesn't know/doesn't remember

Other, please specify

- b. How does the facility ensure the child makes it to the appointment?

(May accept multiple responses)

The facility provides transportation

County placing agency provides transportation

Social worker takes the child to their appointment

Doesn't know/doesn't remember

Other, please specify

19. Who schedules lab tests for metabolic monitoring such as glucose and cholesterol?

(May accept multiple responses)

Nurse schedules them

Other facility staff schedules them

County placing agency schedules them

Doesn't know/doesn't remember

Other, please specify

- a. How are lab tests for glucose and cholesterol monitored?

(May accept multiple responses)

A log alerts the facility when they are due

The social worker tells us

The nurse takes care of this

Doesn't know/doesn't remember

Other, please specify

20. After a youth has been hospitalized, how does the facility follow-up on the medications? **(May accept multiple responses)**

The facility asks the hospital if the child's prescriptions have changed

The facility informs the child's regular prescribing physician that the child has been admitted/discharged

The facility follows discharge instructions

The facility does not have a protocol

Other, please specify

21. What kind of counseling, therapy, or therapeutic services are the children offered in conjunction with or in lieu of their medications to help them manage their feelings and behaviors?

(May accept multiple responses)

Art

Drama therapy

Equine

Group therapy

Individual therapy

Music

Sports

Doesn't know/doesn't remember

Other, please specify:

a. How often are these services provided?

Daily

Weekly

Every two weeks

Monthly

4-6 times a year

1-2 times a year

Doesn't know

Other, please specify

b. Who decides which child can participate?

(May accept multiple responses)

Administrator or therapeutic staff

County placing agency

Social worker

Child decides

Doesn't know/doesn't remember

Other, please specify

Complications

We want to understand what happens when problems arise.

22. Have you ever had a situation in which a child was experiencing side effects to their psychotropic medication?

(Secure a definitive yes or no.)

Yes, on many occasions

Yes, on a few occasions

Go to #22a

No – **Go to #23**

a. How did you know the child was having side effects?

I observed/recognized the side effects

The child told me

Another staff person told me

Other, please specify

b. What did you do?

23. If a child came to you and said that they thought their medication was making them feel bad (or have other side effects) what would you do?

24. Keeping in mind that it is impossible to identify all side effects, do you feel like you have received adequate training or have enough experience with this population to be able to recognize if a child is possibly having physical side effects from medication?

Yes

No

Maybe

Doesn't know/doesn't remember

25. Why do children generally refuse to take their medication?

a. What is supposed to happen when a child refuses, according to the facility's protocol?

b. Have you ever witnessed a youth refusing to take their medication?

Yes – **Go to #25c**

No – **Go to #26**

c. What happened in this situation?

(May accept multiple responses)

The child was asked why he/she is refusing

The child was given time and/or space to rethink his/her decision

The child was supported in seeking out information and guidance from a health care professional

The child was told that the staff would tell their probation officer that they were being non-compliant

Other, please specify

- d. How did the facility staff respond to a child refusing their medication?

(May accept multiple responses)

Privileges were taken away

Dropped a level

Asked to go to the quiet room

Other, please specify

- e. How were the reasons addressed?

- f. Was the child's psychiatrist or therapist consulted about appropriate actions to take regarding the refusal?

Yes

No

- g. If there were consequences, did the refusals continue?

Yes, at the same frequency

Yes, but less frequently

No, the refusals stopped completely

N/A, there were no consequences

26. Have you been provided with the Medications Guide from the Community Care Licensing website?

(If yes, interview is over! If no, show them a copy of the document, mention it's available on the Community Care Licensing website, interview is over!)

Yes

No

This report was created by: **Children's Residential Program Office**

Community Care Licensing Division
California Department of Social Services

Data Systems and Survey Design Bureau

Research Services Branch
California Department of Social Services

Child Welfare Data Analysis Bureau

Research Services Branch
California Department of Social Services

The data obtained during these inspections provide a reasonable basis for our findings and conclusions based on our reporting objectives. For questions regarding the contents of this report, please contact Alli Ware, Policy Analyst, Community Care Licensing, at 916-651-5380 or send a message to QIPsychotropic@dss.ca.gov.